File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073





### FOR INSTRUCTIONS, SEE BACK OF FORM

# **DISCLOSURE SUMMARY PAGE**

		_ZIIIB	2U AM IO: 53
COMMITTEE NAME (Must be same as on Statement of C	•		
VOTE YES FOR FORT	DODGE	1 1	ORM
IMPORTANT: Indicate by # type of committee you are reporting f	or III	1 1 -	PR-2 DISCLOSURE REPORT
(1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Ca	andidate (7) School Board or Other Delici		<b>' [</b>
Subdivision Candidate (8) County PAC (9) City PAC (10) Scholl ) Local Ballot Issue	ool Board or Other Political Subdivision PA	AC ( For	Office Use Only
CANDIDATE COMMITTEES ONLY:			m. #
Candidate Name	Political Party (if applicable)		ed In
			puter
Office Sought	District (if Senate or House)		red
ate reports are subject to possible civil and original constices	Dismount to James On to see the see		
Late reports are subject to possible civil and criminal penalties.	Pursuant to Iowa Code sections 68B.3	2A(7) and 68A.4	101(3), the candidate, for a
Und Kodenboren	(515) 573-8038	_	lando
SIGNATURE OF PERSON FILING REPORT	TELEBRONE	3/	15/08
	IELEPHONE		DATE SIGNED
AM FILING A JAN 1 - May 14 2008	REPORT FOR (1) FLECTIO	N //2\NON_EI	ECTION VEAD
(report date)	Indicate by	/ # []	ECTION TEAR.
CHECK IF AMENDMENT TO REPORT DATED	•		
		Local Commit	ees, enter Date of Election
Check if this is final (termination) report and attach Notice	e of Dissolution Form DR-3.	County & Loca	al Committees, enter County in
(You must continue to file reports until a DR-3 is fil	led.)	which Election	is held
			WEBSTER
STATEMENT OF CASH ON HA	ND		
CASH ON HAND at the beginning of the reporting period. (	Total of all funds held by the		
committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	e cash on hand at the end		$\bigcirc$
ADD TOTAL MONEY TAKEN IN THIS PERIOD	s iirst report fileg.)	\$	
	adula AV (talan and talan III II II I		4 000 00
Schedule A: Cash Contributions total (Attach Schedule E: Logge Page) and total (Attach Schedule E: Logge Page) and total (Attach Schedule E: Logge Page)		······	4,000,00
Schedule F: Loans Received total (Attach Schedu Schedule H: Total Sales of Campaign Property (A			0
(Schedule H applies to Candidates' Co		•••••••••••••••••••••••••••••••••••••••	0
Tochedule if applies to candidates Co		_	4 400 60
SUBTRACT TOTAL MONEY SPENT THIS PERIO	SUB-TOTAL	······································	4,600.60
Schedule B: Expenditures total (Attach Schedule			13,95
Schedule F: Loan Repayments total (Attach Schedule F	·	•	0
		-	
ASH ON HAND at the end of this reporting period (if final r	eport balance must be zero)	\$ _	3986.05
UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	13,125,00
N KIND CONTRIBUTIONS (From Schedule E - Attach Sch	nedule E)	\$	0.00
OUTSTANDING LOANS (From Schedule F - Attach Sche	dule F)	\$_	0,00
ONSULTANT BREAKDOWN (Schedule G Attached?)		<u> </u>	
ANDIDATE COMMITTEES ONLY:		_	
ALUE OF CAMPAIGN PROPERTY (From Schedule H - A	ttach Schedule H)	\$	N/A
TATE COMMITTEES: Submit a reconciled campaign acco	ount bank statement in January of ea	ch vear	

For Instructions, See Back of Form
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### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must b	e same as on Statement of Organization)
	2 FORT DODGE

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	LUESON
RECEIVED	(if applicable)		TO CANDIDATE*	RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)	]	RAISER
	ID#				INCOME
	10#	FORT DODGE ANIMAZ Health			
241	CK#	PO BOX 518		\$	
04/16/08	06401547	FORT DODGE IA 50501		500.00	
	ID#	FRIENDSHIP HAVEN			<del> </del>
<b>1</b>	CK#	420 KENYON ROAD		1	
04/16/08	57912	FORT DODGE IA SOSOI	i	500.00	L
	ID#			33.30	
	01/4	WOODRIFF CONSTRUCTION, LLC POBOX 1830			
04/16/08	CK# 54517				
0.110100	1D#	FORT DODGE IA 50501		250,00	
I	1	SOUTHHOLD INTERNATIONAL			
01/02/00	CK#	850 5. MARIETTA 200		_	
04/22/08	CK# 3160	SOUTH BEND IN 46601		250.00	<u> </u>
	IU#	CAS PRODUCTS., INC			
	CK#	P. Q BOY 848			
04/22/08	13674	FORT DODGE IA 50501		500,00	
	ID#	MCCLURE ENGINEERING Co			
,	CK#	705 FIRST AVE NORTH			
04/26/08	048266	FORT DODGE IA SOSOI		500,00	<b></b>
	ID#	ACKER MAN INVESTMENT CO		200780	
Ī	CK#	BEST WESTERN STARLITE VILLAGE			
04/26/08	507213	FORT DODGE JA SOSOI		CAO 40	
01/24/00	ID#	TRINITY REGIONAL MEDICAL		500,00	
		802 KENYON ROAD CENTER			
-1, 1, 0	CK#	1			
5/6/08	100286 ID#	FORT DODGE IA 50501		500,00	
	1U#	FIRST AMERICAN BANK			
•	CK#	1207 CENTRAL AVENUE			
5/8/08	125445	FORT DODGE JASOSOI		500,00	<u> </u>
	ID#			•	
	CK#				
	J. W				L
			SUB-TOTAL		
			CCD IOIAL	-11	

TOTAL (if last page of this schedule)

Page \_\_\_\_\_ of \_\_\_\_ of \_\_\_\_

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B MONETARY
EXPENDITURES

CHECK THIS BOX IF
AMENDING FORM

COMMITTE	E NAME (Must be s	same as on Statement of Organization)		
VOTE		FORTDODGE		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
14/28/08	ID# CK#	NORTHWEST BANK TEN NORTH 29th STREET FORT DODGE IA SOSOI	BANK CHARGES	\$ 13.95
	ID# CK#			
			SUB-TOTAL	\$ 13,95
			TOTAL (if last page of this schedule)	\$ 13,95

THIS	BOX	<b>APPLIES</b>	TO CANDIE	ATES'	COMMITTEES	ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	( of \	

COMMITTEE NAME (Must be same as on Statement of Organization)		1
	l	- [ '
VOTE YES FOR FORT DODGE		
NOTE: Debts previously reported that remain unpaid must be included on this	Reset Form	

SCHEDULE	
D	INCURRED
(Rev. 08/98)	INDEBTEDNESS
1	CK THIS BOX MENDING M

Schedule, as well as any new obligations incurred in this period.

#### DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice

Page

of \ (for Schedule D)

DATE			en received.
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
04/14/08	VICTORY ENTERPRISES 5200 S.W. 30th ST. STE7 DAVENPORT IA 52802	WEBSTER COUNTY SURVEY	8,125,00
04/15/08	VICTORY ENTERPRISES 5200 S.W. 30th ST STE 7 DAVENPORT IA S2802	GENERAL CONSULTING	5,000.00
	TOTAL DEBTS OWED BY COMMITTEE AT T	SUB-TOTAL HE END OF THIS REPORTING PERIOD	\$ 13,125,00 \$
			13,125,00

CANDIDATE COMMITTEES NOTE:

\*If actual figure is unknown, show "estimated" beside the figure.

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIO	ONS, SEE BACK OF FORM	RESET	SCHEDULE
	AME(Must be same as on Statement of Organization)		G BREAKDOWN OF MONETARY (Rev. 02/08) EXPENDITURES
VOTE	YES FOR FORT DODGE		BY CONSULTANT  CHECK THIS BOX IF
PART I - NAME A	ND ADDRESS OF CONSULTANT		AMENDING FORM
Name of Consu	_		
Pearbha address	TORY ENTERPRISES		
520	60 5.W. 30 <sup>th</sup> 5T.  State Zip Code	STE 7	
City	State Zip Code SPORT IA 5280		
		2	
		COMPENSATION FOR PERFORI	MANCE
From 4/10		2.0	
To 1210	1/2008 5 13,1,	28,00	
ESTIMATES OF P	PERFORMANCE		
50	LRVEY #8,125	0.00	
0			
bene	PAI CONSULTING S SOO		
	RAL CONSULTING 5,000	,60	
	KALCONSTILLIONO 3,000	, 60	
	KAL CONSTILL (NO 5,000	,60	
PART II- ITEMIZED	D BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY (	CONSULTANT TO OTHERS IN D	ERFORMING SERVICES OF
PART II- ITEMIZEC CONTRACT (These DATE EXPENDED	D BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY ( e expenses should NOT be reported on Schedule B, as they NAME AND ADDRESS TO WHOM EXPENDITURE	CONSULTANT TO OTHERS IN D	ERFORMING SERVICES OF nsultant.)
PART II- ITEMIZED	D BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY ( e expenses should NOT be reported on Schedule B, as the	CONSULTANT TO OTHERS IN D	nsultant.)
PART II- ITEMIZEC CONTRACT (These DATE EXPENDED	D BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY ( e expenses should NOT be reported on Schedule B, as they NAME AND ADDRESS TO WHOM EXPENDITURE	CONSULTANT TO OTHERS IN P y are direct payment from the co	nsultant.) AMOUNT
PART II- ITEMIZEC CONTRACT (These DATE EXPENDED	D BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY ( e expenses should NOT be reported on Schedule B, as they NAME AND ADDRESS TO WHOM EXPENDITURE	CONSULTANT TO OTHERS IN P y are direct payment from the co	AMOUNT EXPENDED
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PART II- ITEMIZEC CONTRACT (These DATE EXPENDED	D BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY ( e expenses should NOT be reported on Schedule B, as they NAME AND ADDRESS TO WHOM EXPENDITURE	CONSULTANT TO OTHERS IN P y are direct payment from the co	AMOUNT EXPENDED

(for Schedule G)